



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No 70317		2. Exact name of the Corporation CITIZENS CONCERNED ABOUT Casino Gambling Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Educate on public Gambling & its effect on social & economic conditions (812990)	
5. Principal office address 20 School St.		City Newport	State RI
		Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name		Vice-President Name Frank Rey	
Street Address		Street Address 228 Spring St	
City	State	City	State
		Newport	RI
		Zip 02840	
Secretary Name		Treasurer Name Kiki McMahon	
Street Address		Street Address 20 School St	
City	State	City	State
		Newport	RI
		Zip 02840	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name Frank Rey	
Street Address		Street Address 228 Spring St	
City	State	City	State
		Newport	RI
		Zip 02840	
Director Name Ann Boyd		Director Name Kiki McMahon	
Street Address 27 Young St.		Street Address 20 School St	
City	State	City	State
Newport	RI	Newport	RI
		Zip 02840	
8. REGISTERED AGENT IN RHODE ISLAND			

This report must be signed by the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

MAR 16 2023

File Date BY 1203
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Kiki McMahon 3/12/23
 Signature of Officer Date
Kiki McMAHAN
 Print or Type Name of Officer
 Title of Officer